

HEALTH FACILITY COMMITTEE MEETING
SEPTEMBER 20, 2002, ROOM 125, 9:00 – 12:00

Members Present: Galen Ewer; Glade Bigler; Helen Rollins; Kathleen Fitzgerald; Mary Petersen; Timothy Thomas; Joyce Wanta; Travis Jackman; Keith Tintle; and Kathy Siskin.

Member's Excused: Paul Clayton and Gayle Morawetz.

Staff present: Joel Hoffman; Connie Payne; Wendee Pippy; Donna Riley; Deb Wynkoop; and Joan Isom.

Meeting began at 9:04.

1. **Welcome :**
Ms Siskin welcomed the Health Facility Committee.
2. **Minutes:**
Ms. Jackman made a motion to approve the minutes with no additions or corrections. Mr. Bigler seconded the motion. The **MOTION PASSED** unanimously.
3. **Governor Appointments :**
Ms. Wynkoop explained that appointments had been sent to the Governor and that the Senate will approve the appointments in October. She reminded the current Health Facility Committee members that they are on the committee until they received a letter thanking them for their time.
4. **Introduction of New Program Manager:**
Ms. Wynkoop introduced Connie Payne, the new southern region program manager, to the Health Facility Committee.
5. **Rule Updates:**
Ms. Wynkoop stated that the Physician Order for Life Sustaining Treatment rule had been filed and there is a 30-day public comment period. She explained that one comment had been submitted from the medical director of the Psychiatric Hospital. He is concerned that if a patient is involuntarily committed to the

hospital with a physician order for life sustaining treatment, the hospital may not be inclined to comply with the order. He recommended that the individual should have a life threatening or terminal condition prior to implementing a Physician Order for Life Sustaining Treatment.

Mr. Bigler stated that when the courts deem an individual incompetent a guardian is appointed. The guardian would be consulted prior to following the Physician Order for Life Sustaining Treatment form. Ms. Wynkoop suggested that the issue can be referred to the Utah Needs of the Elderly and the Disability Law Center. Mr. Bigler suggested that in the commitment order a clause be included to state that all previous declarations be disregarded until the person returned to competency or a guardian elects to comply after consulting with the physician.

The Bureau has received two comments on R432-2-6, the feasibility study. One comment came from Castlevue Hospital in favor of the rule. The second comment came from a constituent recommending that the Bureau mandate a copy of the feasibility study be submitted to the business licensing office in the city where the facility is proposed, but that the Bureau did not recommend amending the rule.

The Bureau has received comments to R432-40, the Adult Immunization Rule. The wording “make available” concerned the facilities; clarification was provided that the rule did not require the facility to pay for the immunizations. Ms. Wynkoop stated that the facilities could make a referral to the local health department where the immunizations are available, go through their insurance or work with another group to schedule the immunizations. Ms. Wynkoop recommended that the rule did not need to be modified, but that each facility will develop their own policies on how the facility will make immunizations available to the employee. One comment expressed concern about the high turnover in facilities, and how this will impact costs. The influenza vaccine is only available during October - January high turnover should not affect the immunization costs.

6. **Five-year Reviews :**

Ms. Wynkoop explained that every 5-years the Bureau is required to review each rule that we promulgate. The Bureau must summarize comments received during that time period and issue a statement of continuation. She recommended that all 21 rules be continued and that the Health Facility Committee continue to monitor medical practices. She explained that the 5-year reviews would be published in the state bulletin.

Ms. Siskin questioned whether any one from the audience had come to address the 5-year review rules? No comments were received.

Joyce Wanta recommended that the 5-year reviews be accepted as stated. Ms. Fitzgerald seconded the motion. The **MOTION PASSED** unanimously.

Mr. Tintle questioned what our process is for responding to rule concerns or comments? Ms. Wynkoop explained that every comment received in writing must have an appropriate written response. Mr. Tintle questioned whether the public was aware that they have an opportunity for a formal hearing? Ms. Wynkoop explained that if a group represents ten or more members they may request a formal hearing.

7. **Pediatric Palliative Care:**

Ms. Rollins explained that a grant had been given to Utah to ensure that Hospice agencies have adequately and specially trained pediatric staff. Ms. Wynkoop reported that some of the members of the sub-committee recommend a stand-alone rule for the Pediatric Palliative care instead of amending language to the hospice rule. The Bureau had originally proposed amendments to the hospice rule and left it open to the hospice community and agencies to determine qualified staff.

Dr. Scott Williams, Deputy Director, Utah Department of Health, expressed concerns with the implementation of a new rule; 1.) He stated that there is a perception that at times the Department of Health is considered over regulatory; 2.) Qualification of staff to provide critical pediatric care should be governed by credentialing and the agency; and 3) That parents may not be familiar or knowledgeable with the regulations.

Ms. Fitzgerald reported that children and their parents receiving home health services become very attached to their caregivers and do not want to switch caregivers for hospice care. Parents of children with life-threatening and terminal conditions become very knowledgeable concerning the regulations.

Ms. Wynkoop explained that in the rural areas specially trained pediatric nurses and pediatric equipment is limited. Home Health agencies are often the only available resource.

Ms. Rollins requested that the Bureau research national standards in regarding pediatric palliative care. She will report the Departments concerns to the sub-committee. Dr. Williams will be invited to the next meeting.

Ms. Fitzgerald was nominated to be the co-chairperson for the Pediatric Palliative Care committee.

8. **Discussion of Cath labs:**

Dr. Schwitzer, internist, emergency room specialist, and vice president over clinical programs and support services for Intermountain Health Care, explained that historically hospitals have provided services that required multi-disciplinary support services to perform safe cathertization of patients. In recent years many of these surgical/diagnosis services have moved out of the hospital to private facilities. These services in the community have no regulatory oversight, because

they are physician owned. There is an accumulation of medical evidence and literature that demonstrates that there are better outcomes for patient's, based on the amount of volume done in a facility as well as the volume performed by the operator.

Dr. Schwitzer proposed that the Bureau of Licensing engage in a study to determine what practices are performed in free-standing facilities, and to develop standards and monitor facilities for quality. He submitted the standards set forth by the American Heart Association and the American College of Cardiology as a starting place for this study.

Mr. Tintle questioned where there was data to prove that there is a problem with these centers? Dr. Schwitzer stated that these centers are not required to report adverse events.

Mr. Tintle suggested that since there is no data to demonstrate adverse events exist, the issue should be referred to the Department's patient safety committee to research.

Dr. Schwitzer stated that just because Utah does not have data, national data could be used to determine if based on a center's volume the likelihood of problems exist.

Wynkoop explained that facilities run by the federal government, religious organizations and physician-based offices are exempt. It has been reported that the role of the physician-based office has drastically changed from the physician-based office of 1968. She suggested that we may want to more clearly define "physician based office". A free standing imaging center and cath labs could come under the purview of the Health Facility Committee because they are doing health care and are not considered a physician office.

Ms. Peterson stated that this discussion has three aspects: 1.) Medical professionalism; 2.) Regulatory; and 3.) Financial. She suggested that we focus on the regulatory piece. Understanding the scope of services being provided who are not regulated should be the starting point.

Mr. Tintle suggested that as part of the data collection owners of freestanding facilities be given an opportunity to present at the next Health Facility Committee meeting. Ms. Wynkoop will contact Val Bateman, Utah Medical Association. Ms. Wanta expressed concerns that these facilities are not accountable, do not meet minimum standards, and are not regulated.

Ms. Wynkoop stated that she will provide a list to the committee of those entities that are not regulated by the Department of Health and the committee can determine where the health and safety requirements should be.

9. Update on Patient Safety:

Ms. Wynkoop stated that the request for payment (RFP) for the independent audit of the adverse drug events has been mailed. Those auditors that are included on our list will audit adverse drug events, which are required to be reported by

hospitals and surgical centers. The other group is the Sentinel event group and they review wrong site surgeries, near misses, and deaths that occur from preventable care issue. Each hospital is required to do a root cause analysis and this data has been gathered for almost a year.

Paul Hougland will review the adverse drug event information. He explained that there is also an adverse drug event grant, which will look at the electronic discharge data (ICD9) codes, to determine if they assess patient safety? He explained that 4000 charts will be reviewed to determine if the codes reflect the adverse drug event. He stated that the Utah Hospital Association and the pharmacists are looking at a more concurrent system with less lag time that will reflect a better picture of what really happens.

Ms. Linda Lange is developing a database and an electronic tool that the hospitals can use, which has standard reports built in.

Mr. Hougland stated that their job is to do quality improvement.

Ms. Wynkoop explained that the Patient Safety Committee meets once a month to talk about patient safety goals and what is being seen in the community during surveys.

Ms. Wynkoop stated that the adverse actions were for them to review.

The meeting adjourned at 11:09.

Kathy Siskin, Chairperson

Debra Wynkoop, Executive Secretary